

Jabs Travel Clinic Limited

Jabs Travel Clinic

Inspection report

F10 – F11
The Officers Mess
Coldstream Road
Caterham
CR3 5QX
Tel: 01883212010
Website: www.jabstravelclinic.co.uk

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Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Jabs Travel Clinic on 16 August 2019 as part of our inspection programme.

Jabs Travel Clinic has been registered to provide travel advice, immunisations and health protection. The clinic is a registered yellow fever centre.

One of the nurse directors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received 42 completed comment cards. Feedback from clients was consistently positive. We received comments that the staff were friendly, kind and knowledgeable. They commented that the service received was professional and efficient.

Our key findings were:

- The service had systems to manage and monitor risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The service ensured that care and treatment was delivered according to evidence-based research or guidelines.
- Staff maintained the necessary skills and competence for their role and to support the needs of patients.
- Staff involved treated patients with compassion, kindness, dignity and respect.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Feedback from clients who used the service was consistently positive.
- The service was proactive in seeking patient feedback and identifying and solving concerns.
- The culture of the service encouraged candour, openness and honesty.

The areas where the provider **should** make improvements are:

Summary of findings

- Review and improve fire safety procedures to include record of fire drills record and visitors.
- Strengthen recording of consent record at time of consultation.
- Continue to monitor and take action to mitigate the risk of legionella.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Jabs Travel Clinic

Detailed findings

Background to this inspection

Jabs Travel Clinic provides independent travel advice and treatments. The service is provided by two nurse directors and one part-time nurse employed by the service. The GP medical director works remotely to provide medical support to the service. The service is a registered yellow fever centre.

Services are provided from;

Jabs Travel Clinic Limited, F10-F11 The Officers Mess,
Coldstream Road, Caterham, Surrey, CR3 5QX

The clinic operates from two rooms within a serviced office building.

The service is open on a Tuesday, Thursday and Friday from 8.30am until 6.30pm. On a Monday it is open between 8.30am and 1.30pm. On a Saturday it is open between 10.00am and 4.00pm. The service is closed on a Wednesday and Sunday. The services are provided to both adults and children under the age of 18.

Jabs Travel Clinic is registered with CQC to provide the following regulated activities; Treatment of disease, disorder or injury.

How we inspected this service

Prior to this inspection we reviewed a range of information that we hold about the service, including information gathered by the provider from a pre-inspection information request. Whilst on the inspection we interviewed staff and reviewed key documents, policies and procedures in use by the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Our inspection team was led by a CQC lead inspector. The team included a Practice Nurse Specialist Advisor and a CQC Inspection Manager.

Are services safe?

Our findings

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems in place to assure that an adult accompanying a child had parental authority. Vaccinations for children were recorded both on the clinical computer system and the child's personal health record (also known as the "red book").
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We saw evidence that the provider carried out recruitment checks prior to employment. They were in the process of recruiting a new member of staff and we saw appropriate checks had been completed. The provider checked registration with the appropriate body on an ongoing basis and noted the expiry date in the staff file. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service had systems to safeguard children and vulnerable adults from abuse. Staff knew how to identify and report concerns. All staff received up-to-date safeguarding and safety training appropriate to their role. Nurses had completed level two safeguarding training. They were working towards level three training, as per the new intercollegiate guidance for adult and child safeguarding, which sets out the requirements for levels of competency for all staff. This includes an expectation that all nurses will achieve level three safeguarding training by August 2021.
- There was an effective system to manage infection prevention and control. The service maintained

appropriate standards of cleanliness and hygiene. We saw they kept records of cleaning completed. The service conducted annual infection control audits and we saw evidence of the most recent audit completed on 16 March 2019, there were no actions required. A COSHH (control of substances hazardous to health) assessment had been completed on 13 March 2019 and the service had data sheets for the products in use.

- The service used rooms within a shared building. The landlord was responsible for the maintenance and safety of the overall building. The provider evidenced they had sought assurances about the safety of the building. For example, a fire risk assessment was completed in February 2019 and the fire alarms were being regularly tested. The provider had carried out their own fire drills, although these were not always fully recorded. We also noted that visitors were not always recorded. They also had evidence that the risk of legionella had been assessed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). They carried out water temperature testing in accordance with the risk assessment. On 11 July 2019 they found the temperature was out of the recommended range. They had raised this issue with the landlord of the building who was considering corrective measures.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- All staff received an induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies, which were stored appropriately. This included oxygen and a defibrillator. We saw evidence that equipment and medicines were being checked and recorded monthly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The service used a booking form that was completed by clients as a self-assessment prior to their consultation. This included information about their travel plans including the country to be visited, the length of stay and the availability of medical support once they were there. In addition, the form had a section to record personal medical history and included questions relating to medical conditions, vaccination history, regular medicines, family history and allergies.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This included sharing treatment details with the patient's own GP.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- The service does not prescribe Schedule 2 or 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.

- Staff administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety. Where patients required a prescribed medicine, they would be referred to the service GP medical director, who worked at a local practice.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Processes were in place to ensure the safety of lone workers.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. The service had recorded one significant event in the last 12 months. An incorrect schedule of vaccination for a particular brand of travel medicine was provided to a patient. The service fully investigated and took appropriate action. They recorded a significant event and a medicine incident form. They contacted the manufacturer of the medicine to determine any risks and found there was no harm to the patient. They also contacted the patient to apologise and fully explained what had happened. We saw they had shared learning from this event, including a training input within a staff meeting highlighting vaccination schedules for brands.

Are services safe?

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Staff were aware of where to find best practice guidelines, including national and international travel websites and National Institute for Health and Care Excellence (NICE) guidelines. For example, staff used the Department of Health 'Green book', nationally recognised travel advice sites, British Global and Travel Health Association, Malaria prevention guidelines and other specialist sites.
- Staff used national guidance when undertaking assessments. For example, National Travel Health Network and Centre (NaTHNaC) travel guidance, UK Foreign and Commonwealth Office updates for geopolitical events and World Health Organisation (WHO) for diseases and epidemic reports.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs, medical history and travel requirements.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients.
- For example, an audit was completed in 2019 regarding the varicella or "chickenpox" vaccine, which is not currently part of the UK routine childhood immunisation programme. The clinic worked together with a British multinational pharmaceutical company to look at the efficacy and protection of one dose. They reviewed the records of 60 patients who received the vaccine between January and May 2019. They found that one of 58 patients went on to develop chickenpox following

pre-exposure (two patients did not return for their second dose of the vaccine). They also found the peak of requests for vaccination was in April. As a result of the audit, the clinic took appropriate action including disseminating the audit to staff. They provided staff with information about the vaccine and dosage appropriate to the patient age. They also recognised the need to increase their marketing and availability of supporting information for the April peak. The clinic planned to re-audit in December 2019.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. For example, they had planned the induction for a new member of staff and this included completion of a competency assessment.
- Relevant professionals (medical and nursing) were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.
- When staff attended any training updates or courses, learning was cascaded amongst the staff team.
- The service had organised a training session for basic life support and fire training. They had invited other staff from businesses within their building, to ensure they had the skills and knowledge necessary in case of an emergency. They had also invited other GP practices in the area.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care.
- Before providing treatment, nurses at the service ensured they had adequate knowledge of the patient's health and their medicines history.

Are services effective?

(for example, treatment is effective)

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where a patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Written and verbal information was given to clients using the service. This included information on medicines and vaccines including risks and benefits prior to administration.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately. Treatment forms included a section for clients to sign their consent. Staff told us they also sought verbal consent prior to administering medicine, although this was not always recorded in the patient notes.
- Some travel vaccines are available via the NHS. We saw that the clinic displayed information about vaccines that may be available to them free of charge, and staff told us this was also provided during an initial consultation.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. We received 44 comment cards where patients had described the staff as friendly, kind and knowledgeable.
- The service had a rating of five out of five stars on Facebook, based on five ratings. They had received 22 recommendations. We noted the service had responded to comments and taken steps to gain more details on opportunities to improve.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff told us that the number of non-English speaking patients was low but that translation services could be arranged through a recognised translation service.

- Patients told us through comment cards that they felt listened to and supported by staff. They commented that they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- We were given specific examples where appointment times had been extended to allow patients to receive vaccines and information. For example, patients with needle phobia.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- The service ensured that clients were provided with all the information, including costs, they required to make decisions about their treatment prior to treatment commencing.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations took place in the treatment room and we noted the door was kept closed so that conversations could not be overheard.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The facilities and premises were appropriate for the services delivered. There was one treatment room with a waiting room and toilets were accessible.
- Reasonable adjustments had been made so that patients could access and use services on an equal basis to others. For example, the clinic was located on the first floor of a shared office building and a lift was available.
- The service sought feedback on the care patients received. The service conducted their own monthly reviews of patient feedback forms they collected. We saw they had received 44 forms between January 2019 and July 2019. We reviewed 15 and saw that 80% of patients said the service was excellent and the remaining 20% said the service was very good. We saw the service took action where necessary to improve quality of service.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- The clinic was open on a Tuesday, Thursday and Friday from 8.30am until 6.30pm. On a Monday it was open between 8.30am and 1.30pm. On a Saturday it was open between 10.00am and 4.00pm. The clinic closed on a Wednesday and Sunday.

- Patients had timely access to initial assessment and treatment.
- Patients were able to book appointments over the telephone or in person. The provider used a company who provided a remote receptionist service as their appointment system. All calls were recorded, and they had access to reports regarding performance.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.
- Consultations were provided flexibly, and they tailored services in response to clients' needs and preferences. Appointments were generally booked for 20 minutes but longer appointments were available for complex travel advice or for family groups.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service had not received any complaints in the last 12 months. They told us they would learn lessons from individual concerns, complaints and from analysis of trends. They would act as a result to improve the quality of care.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The service had a vision to provide treatment, information and advice to help reduce the risks involved in travel.
- They were exploring solutions to address the challenges of balancing the clinical aspects of the service with governance requirements.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service. They enjoyed working at the service and found the work to be varied and interesting.
- The service focused on the needs of patients.
- Managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff told us there was an open culture and they could raise suggestions and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Staff were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, the service used feedback cards that were regularly monitored and acted upon.

- Staff could describe the systems in place to give feedback. The service held regular directors' meetings and whole staff meetings, which included clinical supervision and updates on the service. We saw evidence of this.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. For example, the registered manager was part of a peer group with other nurses in the local area. They met to discuss clinical issues and cases, professional development and practical help.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work.